

6-20-03 03-18666

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

M&D PAPER CO.

Call when Ready
pried

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: M&D Paper Company, Inc.
BUSINESS STREET ADDRESS: 11873 S.W. 42nd Ct. Davie, FL ZIP 33330
BUSINESS MAILING ADDRESS: 11873 S.W. 42nd Ct. Davie, FL ZIP 33330
BUSINESS PHONE: (954) 474-2566
DESCRIBE TYPE OF BUSINESS: Paper product distribution Company ^{off ct} Retail & Wholesale
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Melissa Samela</u>	<u>11873 S.W. 42nd Ct.</u>	<u>Davie, 33330</u>	<u>(954) 474-3582</u>
2. <u>Daniel J. Samela</u>	<u>Same as above</u>		<u>Same as above</u>

Federal ID Number or Social Security Number Eliv

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2003, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Melissa Samela, President
Print Owner or Officers Name and Title

Melissa Samela
Signature of Owner or Officer

Office Use Only: Date <u>6-20-03</u> Category <u>15950</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>65788</u> Rec# <u> </u> New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>03-18666</u> Control # <u>15248</u> Zoning <u>R-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Zoning Approval <u>Gate 6/24/03</u> Date <u>(Landed Oaker)</u>	
Town Council Date <u> </u> Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Tabled To <u> </u> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Location ID <u>11178</u>	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u> </u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

phone & mail only